

**San Antonio Metropolitan Health District  
Monthly Morbidity Report (MMR)  
October 2008**

Cryptosporidiosis

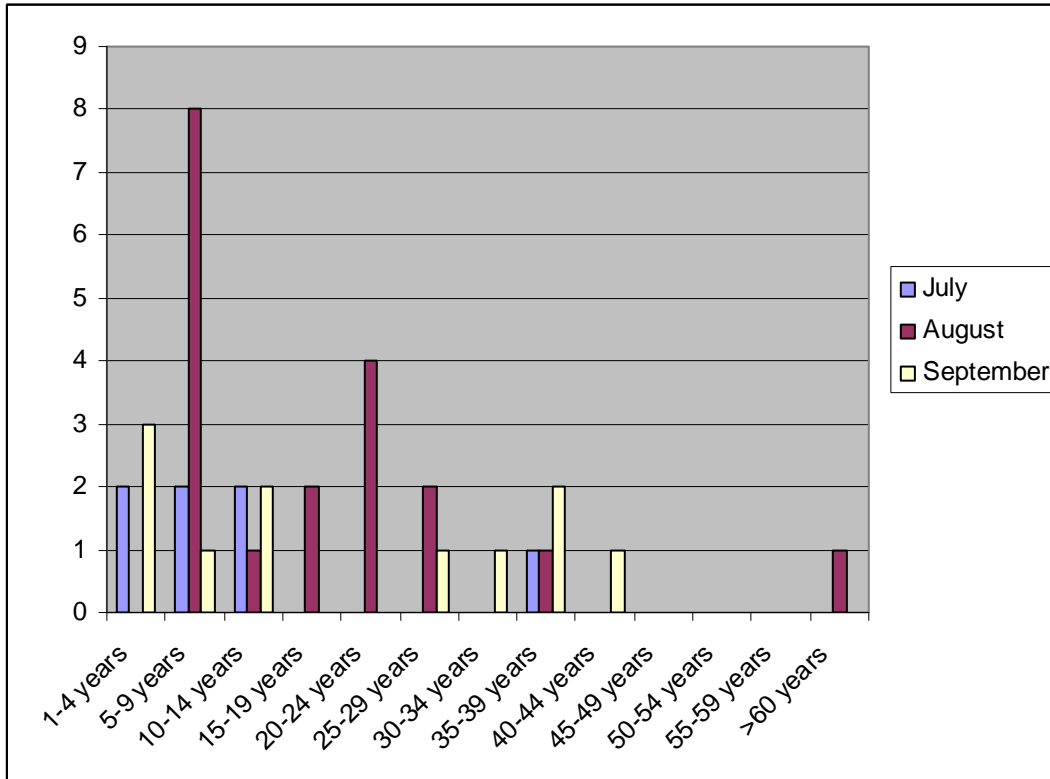
In July, August, and September of 2008, there were 37 laboratory-confirmed cases of cryptosporidiosis reported to the San Antonio Metropolitan Health District (Metro Health). During this period, 7 cases were reported in July, 19 in August, and 11 in September. Of the 19 cases in August, 42% were between the ages 5-9 years old, 21% of the cases between 20-24 years. Because cryptosporidiosis is considered a recreation waterborne illness (RWI) it occurs more often during the summer months when people are using swimming pools, spas, lakes, and rivers more frequently. RWIs are illnesses that are spread by swallowing, breathing, or having contact with contaminated water. The most commonly reported RWI is diarrhea.

While sources for all of these cases cannot be confirmed, investigations pointed to various daycares and public pools in the city and surrounding areas. When an initial investigation identified a possible source, the information was given to our sanitarians for a site inspection. A few of these inspections discovered daycare centers with “kiddie pools” as the most probable source; some were in other incorporated areas such as Converse and Leon Valley.

These 37 cases indicate a definite local increase from previous years, but it is not nearly as many as the Dallas-Ft.Worth area experienced this year. The Texas Department of State Health Services (DSHS) reports that hundreds of cases were reported this year from that area. They indicated that there are still “over one thousand” reports that have not been entered in their database. This reflects a national trend that has been occurring for the past few years.

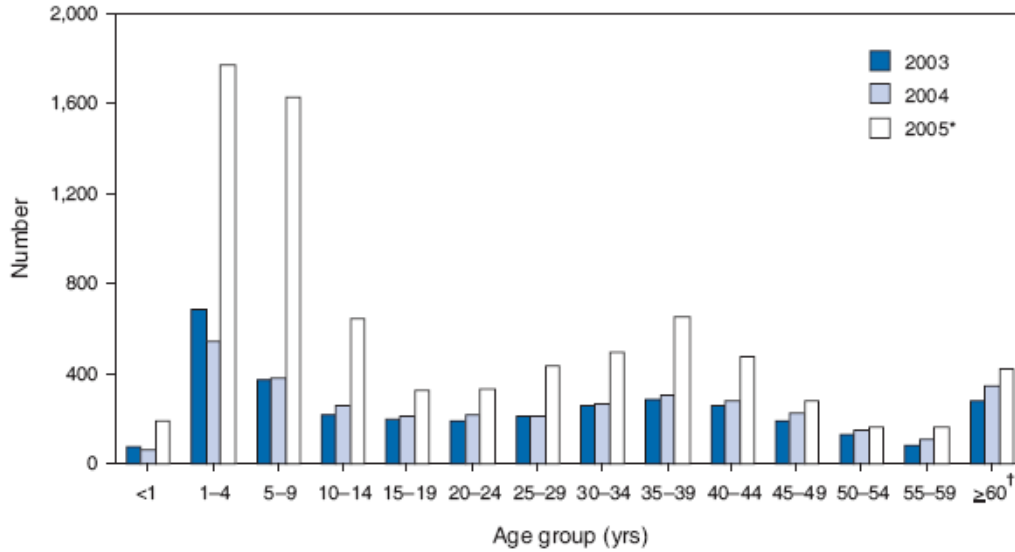
Nationally, the number of cryptosporidiosis cases reported to the Centers for Disease Control and Prevention (CDC) has risen substantially in recent years. In 2005, 2006, and 2007 the number of non-outbreak-related Crypto cases rose 41%, 24%, and 66%, respectively. In 2006 and 2007 considerable increases in the number of outbreaks associated with treated venues, such as pools and recreational water parks, were also reported to the CDC.

## Cryptosporidiosis Cases in San Antonio for 2008 Number of cases reported by age group



## Cryptosporidiosis Cases in the U.S. reported by Age Group<sup>1</sup>

**FIGURE 2. Number of cryptosporidiosis case reports, by age group and year — United States, 2003–2005**



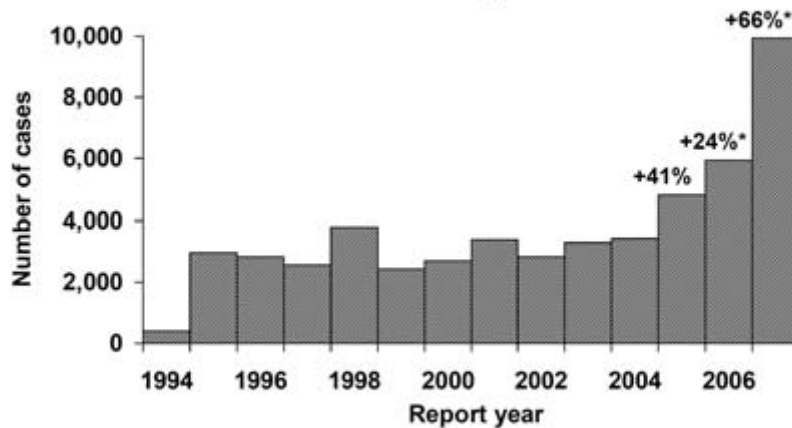
\* Includes cases from a single large outbreak in New York state, primarily among children.

† Case reports decreased with increased age. For each 5-year subgroup, the number of reported cases was fewer than the number reported for persons aged 55–59 years.

<sup>1</sup>CDC's *MMWR Surveillance Summary* September 7, 2007.

## Non-Outbreak Cryptosporidiosis Cases in the U.S.<sup>2</sup>

**Figure 1: Cryptosporidiosis Non-Outbreak Cases: United States, 1994–2007\***



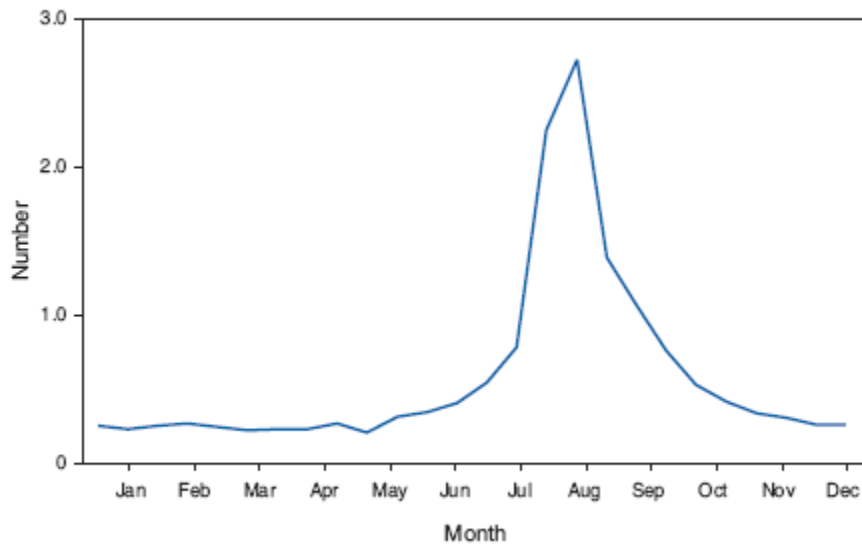
\* Counts for 2006 and 2007 are preliminary. Annually (1994–2007), 17–58% of case reports do not indicate outbreak status. Cases with "unknown" outbreak status are included in this graph.



<sup>2</sup>MMWR [http://www.cdc.gov/healthyswimming/pdf/Crypto\\_Alert\\_for\\_Aquatic\\_Staff.pdf](http://www.cdc.gov/healthyswimming/pdf/Crypto_Alert_for_Aquatic_Staff.pdf)

## Cryptosporidiosis Cases in the U.S. by Month of Onset<sup>3</sup>

**FIGURE 3. Number\* of cryptosporidiosis case reports, by month of illness onset — United States, 2003–2005**



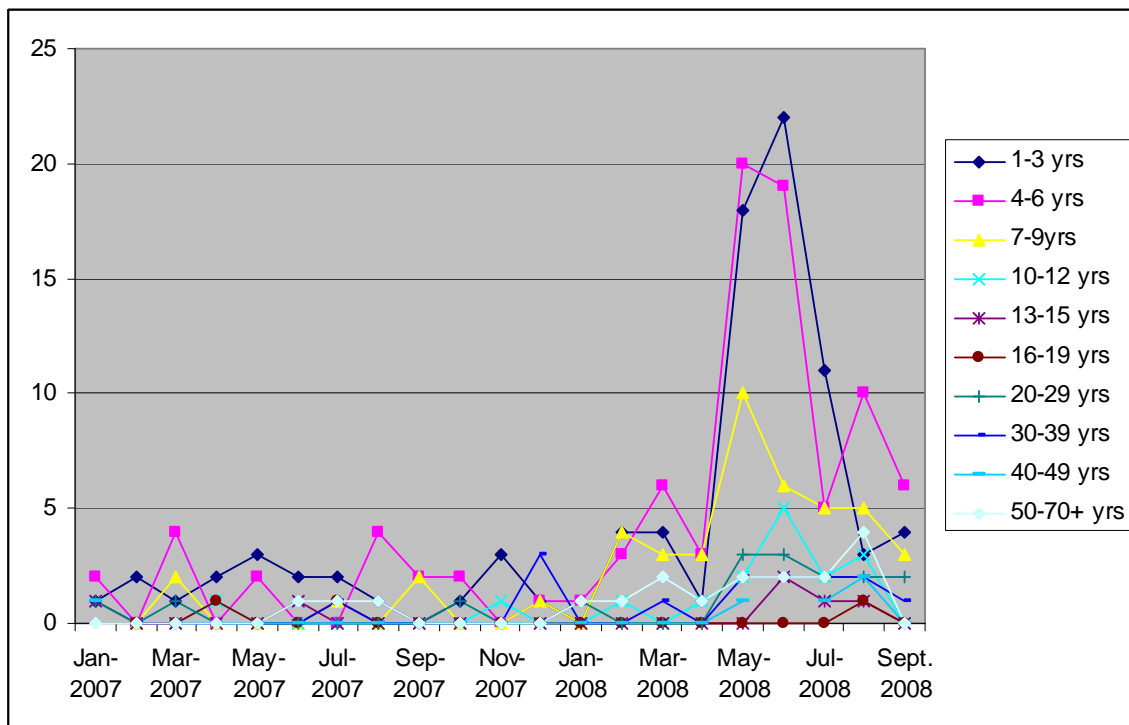
\* In 1,000s.

<sup>3</sup>MMWR Surveillance Summaries, September 7, 2007/56(SS07); 1-10

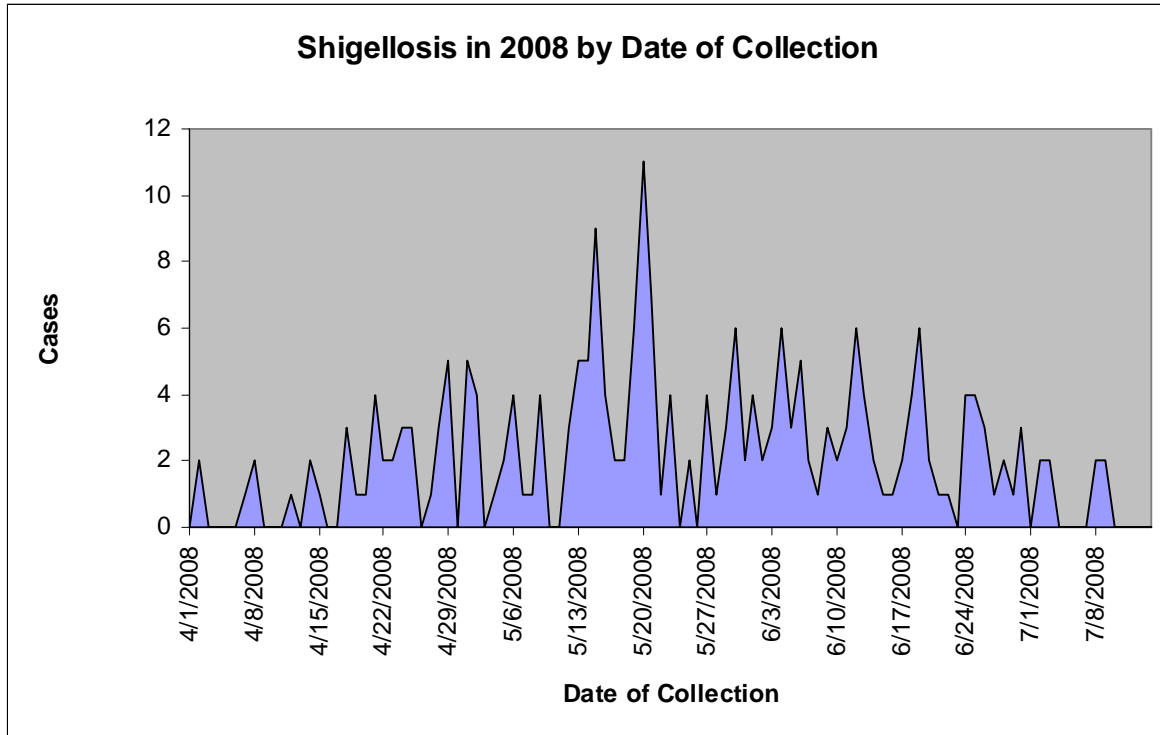
## Shigella

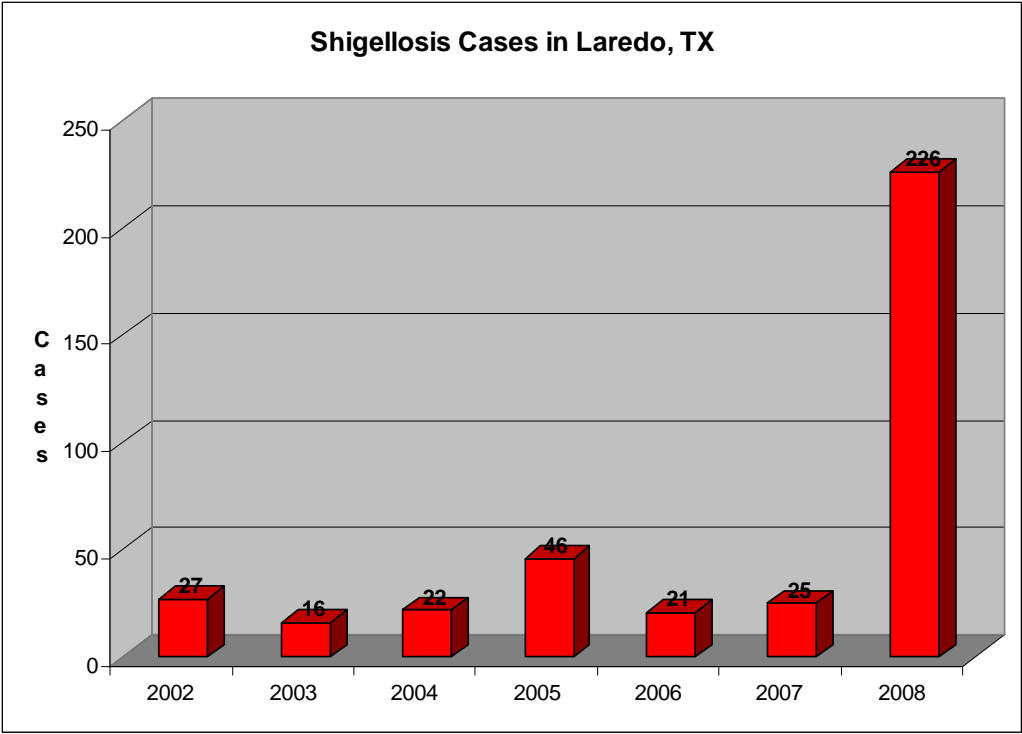
During the months of January – October of 2008, 264 laboratory confirmed cases of Shigella were reported to San Antonio’s Metro Health. In 2007, only 60 cases were reported for the year. The peak of 2008 cases occurred in June, with 61 diagnosed cases. The majority of these cases occurred among children between 1- 6 years old. Metro Health Epidemiologists and Sanitarians worked together on educating daycares and after school programs of the rise of Shigella cases. This increase is not limited to the San Antonio area. DSHS Region 8 and the City of Laredo also have experienced similar increase in almost the exact time frame. Because of frequent travel of individuals between San Antonio and Mexico, local rates tend to reflect the same morbidity that is occurring along the border with Mexico.

### **Age & Month Analysis of Shigella Cases Jan-Oct 2008 in San Antonio**



## Laredo cases





**Cases of Notifiable Events in Bexar County for 2008  
January – October 2008**

Sum of Group Case Count	
Condition	Total
Amebiasis	3
Aseptic meningitis	53
Bacterial meningitis, other	2
Brucellosis	1
Campylobacteriosis	104
Cryptosporidiosis	37
Escherichia coli, Shiga toxin-producing (STEC)	6
Group A Streptococcus, invasive	12
Group B Streptococcus, invasive	30
Hepatitis A	15
Hepatitis B,	67
Legionellosis	14
Listeriosis	1
Malaria	1
Neisseria meningitidis, invasive (Mening. disease)	10
Pertussis	35
Rubella	1
Salmonellosis	232
Shigellosis	264
Strep pneumoniae, invasive	53
Strep, other, invasive, beta-hem (non-A nonB)	1
Typhoid fever (Salmonella typhi)	1
Typhus fever-fleaborne, murine	2
Varicella (Chickenpox)	397
Vibrio vulnificus infection	2